# Program/Department Walk-Through

This procedure provides a description of the Program/Department Walk-Through process of the Ames Laboratory, as required by the Ames Laboratory Environment, Safety, Health and Assurance Manual, Section 10.

Comments and questions regarding this procedure should be directed to the contact person listed below:

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## Sign-off Record:

**Approved by:** _____ Date:_____
Manager: Environment, Safety, Health and Assurance

**Reviewed by:** _____ Date:_____
Chief Operations Officer

**Approved by:** _____ Date:_____
Science & Technology Division Director

**Approved by:** _____ Date:_____
Deputy Director

**Approved by:** _____ Date:_____
Laboratory Director

# 1.0 Revision/Review Log

This document will be reviewed once every three (3) years as a minimum.

| Revision Number | Effective Date | Contact Person | Pages Affected | Description of Revision |
|---|---|---|---|---|
| 0 | 4/01/95 | T. Wessels | All | Original Document |
| 1 | 5/01/99 | S. Nelson | All | Review and Revision |
| 2 | 8/01/99 | S. Nelson | All | Revision |
| 3 | 8/1/02 | S. Nelson | All | Reviewed / No Changes Necessary |

# 2.0 Purpose and Scope

The Laboratory's policy for the Program/Department Walk-Through is documented in Section 10 of the Ames Laboratory Environment, Safety, Health and Assurance Program Manual as a type of audit/inspection. The Program/Department Walk-Through requirement is a part of the Laboratory's feedback and improvement efforts. Feedback and improvement mechanisms are a fundamental part of the Ames Laboratory Integrated Safety Management System. The purpose of the Program/Department Walk-Through is to look at specific attributes of the organization's spaces and activities, and to identify, describe, and eliminate environment, safety, health and assurance concerns in a timely and cost effective manner. The Program/Department Walk-Through process is not intended to produce a burdensome administrative program or place unrealistic expectations on Program Directors, Department Managers or Safety Coordinators. However, the deficiencies identified during this walk-through need to be recorded, analyzed, and resolved.

The Program Directors/Department Managers and the Safety Coordinator shall conduct a walk-through at a minimum frequency of once per year. The Safety Coordinator shall document the identification and the closeout of concerns by utilizing the Walk-Through Record form (Form 10200.026) or other form which:

1. documents the observation as a Concern or Noteworthy Practice
2. delineates the QA Rating of a Concern:
   - High QA Rating – Close out by the end of the first full workday after the concerns are identified.
   - Moderate QA Rating – Close out within 60 days of report date or develop a formal Ames Lab Action Plan for close out which must be approved.
   - Low QA Rating – Close out as soon a possible, as resources are available.
3. notes the person or organization responsible for corrective action and the response
4. lists the date of closeout
5. indicates verification of closeout

# 3.0 Prerequisite Actions and Requirements

### 3.1 Training

Safety Coordinators are required to complete the Hazard Identification Training Module (AL-130) and Program/Department Walk Through Report Module (AL-058). They should have an understanding of the Program/Department Walk-Through procedure and the principles of conducting observations. The individuals conducting the walk-through also need to have a basic understanding of the requirements and policies applicable to the organization's activities and facilities.

### 3.2 Checklists

The Program/Department Walk-Through Checklist (Form 10200.041) can be used as a guide for review of issues addressed by the requirements documented in the ESH&A Program Manual. The Program/Department is encouraged to prepare additional checklists to direct the review of specific Program/Department requirements.

# 4.0 Performance

### 4.1 Walk-Through Observation Process

Individuals conducting a walk-through should utilize the following observation process guidelines:

- 4.1.1 Managers, supervisors and employees are put at ease when the observer states that strengths and improvements will also be noted.
- 4.1.2 Observers will establish rapport and trust when they ask employees and supervisors for assistance in identifying weaknesses and strengths.
- 4.1.3 When recording notes, observers should tell the organization's representatives what they have observed and are writing and let them review their notes.
- 4.1.4 If observers do not understand the condition of a process, they should ask a supervisor or employee for a briefing of the present condition of the process.
- 4.1.5 Observers shall record conditions, noted as concerns and noteworthy practices, on the Walk-Through Record form (Form 10200.026) or other form.
- 4.1.6 QA Ratings shall be applied to each concern identified by the Program/Department Walk Through Report Module (AL-058).

### 4.2 Walk-Through Review

Following the walk-through, the conditions noted during the walk-through should be reviewed and discussed with the Group/Section Leaders. The walk-through review should be utilized to discuss and plan appropriate corrective actions.

### 4.3 Walk-Through Report

A written walk-through report shall be prepared and sent to the Program/Department and Group/Section Leaders. The report shall include:

1. Identification of the individual(s) who conducted the walk-through
2. A listing of areas reviewed
3. A record of the environment, safety, health and assurance conditions observed including their respective QA ratings. The report may consist of copies of the completed:
   - Manager Walk through Report Form (#10200.026)
   - Safety Survey Checklist Form (#10200.041)
4. Planned corrective actions.

### 4.4 Walk Through Summary Report

The findings *(by percentage)* shall be sent to ESH&A at the end of the year (December 31) for lab wide trend analysis. The findings shall be categorized by the 24 listings below:

1. Administrative Controls include program specific rules/guidelines such as visitors being escorted.
2. Compressed Gases include compressed air, gases in cylinders and cryogenic liquid cylinders.
3. Confined Spaces include aspects such as inventory, labeling, training, entry procedures, etc.
4. Electrical Safety includes all issues of voltages greater than 50 volts, enclosures, grounding, etc.
5. Emergency Planning includes issues such as signage for eyewashes/showers, first aid kits, emergency phone cards posted on doors, etc.
6. Environmental includes issues such as waste minimization, hazardous waste, air emissions, etc.
7. Fire Safety includes direct fire hazards, fire safety equipment, etc.
8. General Safety includes issues such as housekeeping, broken chairs, tripping hazards, etc.
9. Hoisting and Rigging includes issues associated with hoists and rigging equipment, training, etc.
10. Hazard Communication includes chemical labeling, Material Safety Data Sheets, etc.
11. Industrial Hygiene includes laboratory practices, labeling, chemical storage, etc.
12. Infrastructure includes broken handrails, loose brick, chipped stair nosings, etc.
13. Ladder Safety includes delinquent annual inspections, broken ladders, improper use, etc.
14. Laser Safety includes proper eye protection, proper use of interlocks, training, etc.
15. Lockout/Tagout includes standardization of equipment, training, procedures, etc.
16. Life Safety Code includes aisle width requirements, emergency lighting, exit signs, egress patterns, etc.
17. Machine Guarding includes wood working equipment and all equipment which has an exposure to belts and pulleys, gears and sprockets, shafts, pinch points, etc.
18. Personal Protective Equipment includes eye, hand, foot, skin, head protection that can not be administratively controlled or engineered out.
19. Plumbing includes leaks in water lines, filter, etc.
20. Procedural includes specific procedures, policies, etc.
21. Property Management includes issues of excess, unused or under utilized equipment or materials.
22. Radiation Protection includes all ionizing or non-ionizing radiation issues.
23. Respiratory Protection includes issues relating to respiratory used such as storage, training, fit testing, and also applies to paper disposable dust masks.
24. Training includes any issues related to environment, health and safety training issues.

# 5.0 Post Performance Activity

**5.1 Closeout of Walk-Through Observations**
It is the responsibility of the Program Director or Department Manager to perform the actions necessary to closeout the concerns identified by the Program/Department Walk-Through according to the requirements for the QA rating assigned to the observation. Conditions observed during the Program/Department Walk Through which require attention such as facilities deficiencies (e.g., electrical wiring, lights, fume hoods, plumbing, etc.), should be communicated to the Facilities Services Group or Engineering Services Group appropriately. The Group/Section or Program/Department responsible for the corrective actions taken to closeout the concern shall document the response on the Walk-Through Record form (Form 10200.026) or other form. Verification of the closeout shall be performed by the appropriate Safety Coordinator and documented.

**5.2 Disposition of Records**
Walk-through records, once verified by the Safety Coordinator shall be kept by the Program/Department responsible for the walk-through in accordance with the requirements of the General Records Schedule or DOE Schedule.

# 6.0 Additional Information
6.1 Walk-Through Record (Form 10200.026)
6.2 Safety Survey Checklist (Form 10200.041)